PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Name:_ D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the 2020 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: exceeding \$1,000 during the reporting period? REPORT FILER a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? Frank 1 2020 Annual (Due: May 17, 2021) House of Representatives Member of the U.S. District State: Yes No | ž X ĕ × ve X No Daytime Telephone Z Amendment <u>Z</u> For Use by Members, Officers, and Employees F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the source during the reporting period? Employee Officer or Employing Office: Termination Date of Termination: A \$200 penaity shall be assessed against any Individual who files more than 30 days late, OF ROTTO OF REPAESEHTATIVES LEGISLATIVE RESOURCE CENTER 2021 MAY 17 PM 3: 04 Shared Staff Filer Type: (If Applicable) ¥08 * ₹ ¥98 **₹ ∀**88 ₹ Principal Assistant 8 중 8 **₹ Z** 중 중

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Frank J. Mryan Page

Use additional sheets if more space is required.	STORY TANK		キョド	Handiana Ports	ABD thicks First	Emanusius: Lo	JT Here Con Stock	\$P.		For all IR&s and other retirement plans (such as 401(f), plans) provide the value for each asset hald in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Assets and/or income Sources	BLOCK A
,	3	X	×	X		indeficie	,	·	None > \$1-\$1,000 to \$1,001-\$15,000 □ \$15,001-\$50,000 □ \$50,001-\$100,000 m \$100,001-\$250,000 n		"Column M is for assets held by y child in which you have no interest.	indicate value of asset at do use a valuation method othe specify the method used. If an asset was sold durin included only because it gen be "None."	Value	91.6
					×				\$250,001-\$500,000		"Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please used; the method used. If an esset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
	3	×		*	-		^	<	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS			u Check at columns that apply. For accounts that agenerate tra-deferred income (such as 401(k) IRA, or 529 accounts), you may check the Tax by Deferred column. Dividende, Interest, and Cepital gains, even if resirvested, must be disclosed as income for assets held in trauble accounts. Check Tone' if the asset	Type of Income	вгоск с
					Partnership	Roudies			EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		during the reporting		Income	Жc
	1		<u>*</u>	*			,	•	None — \$1-\$200 == \$201-\$1,000 ≡			For assets for assets indicat capital gains. Check "None"		
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E	‡				_				\$16,001-\$50,000 \(\sigma\) \(\sig			which you checked "Tax-Deferred" in Bi a the calegory of income by checking even if reinvested, must be disclose if no income was earned or generated. for assets held by your spouse or dep	•	
	‡		-						\$1,000,001-\$5,000,000 × Over \$5,000,000 보 Spouse/DC Income over \$1,000,000* 보			oferred" in Blo by checking th I be disclosed r generated.	Amount of Income	BLOCK D
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	+				×	*			\$2,501-\$5,000 < \$2,501-\$5,000			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, assets indicate the category of income by checking the appropriate box below. Devidends, in capital gains, even if retirevasted, must be disclosed as income for assets held in taxable Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
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E	\pm	\exists						_	Over \$5,000,000 ⋈ Spouse/DC Income over \$1,000,000* ⋈			For all other fairest, and accounts.		

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroli. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's teas, lytos Dannasius INC E R Squibb 3 Sons U.C North Township Trustees office Examples: Source (include date of receipt for honoraria) State of Mandand
Civil War Boundtable (Oct. 2) ABC Trade Association, Baltimore, MD (July 15) Ontario County Sound of Education Space Salary Salacy Spouse Speech Spourse Salary Honorarium Type net Your to Eithe B 20000 B Amount 24 9.200 92,000 \$26,000 \$1,000

SCHEDULE D - LIABILITIES

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependentchild. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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guer .	54	Fuy Servicing wiscog	First Bank of Wilmington, DE	Creditor		
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chedit Cond.	5/20 Auto Leon	Most gage on home	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and <u>two</u> previous years.

Position	Name of Organization
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Employee Mackating	
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SCHEDULE F - AGREEMENTS

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	Name: Frank J. Mavan
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communication of determined by a former or current employer other than the 0.5. government; or continuing participation in an employee weatare of benefit plan maintained by a former employer.
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Date	Parties to Agreement	Terms of Agreement
,		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homelown, State	Accounting Services

FILER NOTES (Optional)

Name: